

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212511501</b>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>WILSON TRUCKING CORPORATION</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>C L WILSON</b>  <b>137 WILSON BLVD</b>  <b>PO BOX 200</b></p> <p><b>FISHERSVILLE, VA 22939-200</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>AUGUSTA COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>3/31/2012</b></p> <p>SCC ID NO: <b>00426817</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMA</td> <td>675,000</td> </tr> <tr> <td>COMB</td> <td>75,000</td> </tr> <tr> <td>PREFER</td> <td>250</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMA	675,000	COMB	75,000	PREFER	250
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 137 WILSON BLVD P O BOX 200</p> <p style="text-align: center;">CITY/ST/ZIP: FISHERSVILLE, VA 22939-0200</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: T GUY WILSON  TITLE: PRESIDENT  ADDRESS: 826 MT TORREY ROAD  CITY/ST/ZIP/CO: LYNDHURST, VA 22952 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: T GUY WILSON TITLE: PRESIDENT ADDRESS: 826 MT TORREY ROAD CITY/ST/ZIP/CO: LYNDHURST, VA 22952	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR					
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NAME:	WILLIAM L MCGINLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	137 WILSON BLVD.		
CITY/ST/ZIP/CO:	P O BOX 200 FISHERSVILLE, VA 22939		
NAME:	C E BALDWIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	686 CHINQUAPIN DRIVE		
CITY/ST/ZIP/CO:	LYNDHURST, VA 22952		
NAME:	CHARLES L WILSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 501		
CITY/ST/ZIP/CO:	FISHERSVILLE, VA 22939		
NAME:	JAMES R CLARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	811 CHIMNEY ROCK ROAD		
CITY/ST/ZIP/CO:	GREENSBORO, NC 27410		
NAME:	E H TALLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	POB 776		
CITY/ST/ZIP/CO:	MONETA, VA 24121		
NAME:	John A Kidd	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 Westbrook Ct Apt 112		
CITY/ST/ZIP/CO:	Richmond, VA 23227		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ J M HERNDON	J M HERNDON, EXEC VP/CFO	3/30/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			